



NMCP Doctor Leads the Way on Sleep Study

By JO1 Eric Deatherage

Shift work. Those words can evoke dread in the strongest of minds and bodies. But in the military, shift work is a necessity to accomplish the mission. That rings especially true in the world of health care. Doctors, nurses and corpsmen are needed around the clock to care for the needs of patients. Neither sickness nor injuries adhere to a nine-to-five workday.

So as much as most workers would rather not admit it, shift work is a must. The people who work shifts face problems others do not. Lt. Cmdr. Christopher Duplessis of Internal Medicine recently completed a study on sleep and watch schedules. The study, "Submarine Watch Schedules: Underway Evaluation of Rotating and Compressed Schedules" recently won Resident Category Two of NMCP's 21st annual research competition.

Although conducted on a submarine, the study applies to any type of shift work. "This has far-reaching implications for several communities, even our own hospital," said Duplessis.

The common watch schedule for the Navy is six hours on, 12 hours off. This schedule puts

Shift workers are more susceptible to health problems. Sleep studies could boost the health of doctors, nurses and corpsmen.

Courier File Photo



workers on an 18-hour clock as opposed to the natural circadian (24-hour) clock. With this schedule, one day you may work from 0600-1200 and the next shift would be from 2400-0600. Duplessis contends this desynchronization is what is most harmful to shift workers. "It's not so much the working hours, it's the shifting of hours, the disruption of circadian, that influences our health more...our alert levels, proficiency and cognizance."

According to the study, shift workers are more susceptible to chronic sleep deprivation, reduced cognitive performance and various health problems including gastrointestinal illness, coronary artery disease and depression.

With the study, Duplessis had three work sections on a schedule calling for six hours on,

six off, six on, 12 off, six on, six off, six on, 24 off. This alternate schedule was designed to keep subjects on the circadian clock, to provide a long, nocturnal sleep period and to exploit the coveted work compression and extended time off, often preferred by shift workers.

The alternate schedule proved to be unpopular with the submariners. After two weeks on each schedule, 52 percent of subjects preferred the standard schedule, 15 percent preferred the alternative schedule and 33 percent were indifferent. "I wasn't surprised," said Duplessis. "It's very convoluted; it was hard to even understand what the schedule was. The schedule was devised by a leading sleep researcher and has achieved great goals for land-based

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Fleet Marine Force Pins for NMCP 'Docs'

Photo by HN Charles Hollingsworth

N M C P
Commander, Rear Adm. Thomas Cullison, presented HM3 Aaron Griffin, HM3 Alfredo Guerra and HN Kenny T. Barnes with the Fleet Marine Force qualification April 14.

The Fleet Marine Force (FMF) Ribbon is a qualification established in 1984 by Secretary of the Navy John F. Lehman, Jr. The ribbon is awarded to Navy personnel who complete 12 months of duty with the Fleet Marine Force.

A written exam is required to test acquired professional skills, knowledge and military experience before the ribbon is worn. The Fleet Marine Force Ribbon may be worn for the remainder of a recipient's military career.

For those awarded the Fleet Marine Force Ribbon, who have also participated in direct combat operations with the Fleet



NMCP Commander, Rear Adm. Thomas Cullison, presents HN Kenny T. Barnes his Fleet Marine Force qualification. Barnes successfully completed the established personnel qualification standards and demonstrated the requisite professional skills and competence while serving in U.S. Marine Corps Forces Command.

Marine Force, a Combat Operations Insignia is authorized for wear on the ribbon. Iraq. Barnes was deployed with the 2nd Military Police Battallion in Iraq.

Guerra was assigned to the 2nd Marine Logistics Group in Iraq. Griffin served with the 2nd Marine, 2nd Battalion and Fox Company Weapons platoon, both in

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This publication provides an avenue to circulate all useful information the NMC Portsmouth staff has to offer. Submissions are welcome. Contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Deborah Kallgren, at drkallgren@mar.med.navy.mil. Submissions should be in Word format. Photos should be a separate submission from the document and in jpeg, bitmap or tiff format. Submissions will be placed in the next issue space permitting. PAO is located in Building One, Third Deck, Rm. 311.

Commander's Corner

By Rear Adm. Thomas R. Cullison

As you probably know, we were recently surveyed by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). You may be wondering what JCAHO is, and why our medical center was surveyed.

JCAHO began when a group of health care professionals and hospitals got together to develop a way that patients could be assured that the hospital they entrusted their care to provided high quality health care and that it had been reviewed by an objective standard. The importance of JCAHO accreditation has grown over the years, to the point that now a hospital must be accredited by JCAHO in order to have residency training programs or receive payment from most insurance companies. All military treatment facilities are required to maintain JCAHO accreditation.

As was the original goal, JCAHO accreditation provides evidence to our patients, the American public, and our staff that our medical center adheres to standards designed to ensure safe, high quality health care, and that we continually strive to improve our quality even more. NMCP has been, and continues to be, an accredited facility.

One way that JCAHO monitors quality is through on-site surveys. Accredited facilities are regularly surveyed to ensure that they maintain the high standards of JCAHO. As of 2006, surveys are unannounced. In March, we had five surveyors for five days. The surveyors used a "tracer" methodology, which means that they followed the path of a patient from the time the patient entered our facility until they left.

While the surveyors were here, they visited virtually every clinical area, and had the opportunity to talk with many of our staff and some of our patients. Everywhere they went, they were very impressed with the quality of care we provide, and with the enthusiasm, knowledge, and compassion shown by our staff. Indeed, they identified several "best practices" here which they believe should be used as models for other facilities nationwide.

After they completed their work, the surveyors wrote a report detailing what they found. The good news is that we maintained our accreditation, and we will continue to be recognized as a JCAHO-accredited health care facility. Though it may seem strange to think of it this way at first, the other good news is that the surveyors also identified areas we can improve.



Why is this good news? Because with the surveyors' help we have identified ways that we can make the already great care we provide even better and safer. The training we have been receiving over the past weeks is a direct result of their recommendations.

The next and most important step is to implement these improvements across our medical center. Clinical areas will be working with the Quality Council and leadership to ensure the improvements are implemented and are effective. In addition, numerous other quality improvement initiatives have been and continue to be underway. Every staff member's support of these efforts is crucial to our success.

I appreciate everyone's effort with the JCAHO survey, but more importantly, with the ongoing need to continuously improve the quality of the care we provide. It is important to remember that the ultimate goal is not JCAHO accreditation, but rather, providing the highest quality care possible. In the end, our focus on JCAHO is just another way that we work to ensure that we continuously provide the best care to every patient, every time.

A handwritten signature in black ink, reading "T. Cullison".

3K Run Highlights Nurses' Week Events

Photos by JOI Eric Deatherage

National Nurses Week was May 6-12 with a theme of "Nurses: Strength, Commitment and Compassion." Among the NMCP events held for the week was a 3K run held at Hospital Point.



Expansion Helps Patient Care at Sewells

Story and photo by HN Charles Hollingsworth

Sewells Point Branch Medical Clinic continues to expand its facilities to accommodate the growing patient population of fleet personnel at Naval Station Norfolk, retirees and dependents.

The primary mission of BMC Sewells is to provide quality health care to operating forces of all branches of the United States military, as well as occupational health services to eligible military and civilian personnel.

It serves about 14,000 patients per month and over 100 naval communities including Norfolk's Operational Base, fleet and shore commands. The expansion will allow medical staff to meet the needs of the clinic's growing patient population.

"The construction is...an ongoing process," said Lt. j.g. Cathy Lopez, Sewells Point

Administration Officer. "It has enabled us to better meet the medical needs of our patient population."

The groundbreaking took place in September 2003 and the new clinic wing opened March 11, 2006. Renovation of the old section of the clinic also took place in March.

The expansion of Sewells Point BMC has doubled its size from 64,000 square feet to 124,000 square feet. State of the art equipment has also been added, including the latest otoscopes, ophthalmoscopes, and cardiac monitors which are now available in all acute care rooms.



Patients sit in the new waiting area at Sewells Point Clinic.

Navy-Marine Corps Relief Society Treasures Volunteers

Submitted by Christopher Kopf, NMCRS Portsmouth

The Navy-Marine Corps Relief Society let its volunteers know how much they are appreciated at a celebration April 19. NMCRS was

established 102 years ago and for each of those years the vast majority of its staff has been volunteers.



Command Master Chief Christopher R. Angstead presided over the occasion. Three Certificates of Commendation, one Superior Performance medal and one Meritorious Service medal were awarded to

Portsmouth volunteers.

Chaplain Capt. David Girardin attended to show his support for NMCRS. He explained how the Society has helped him through the years. "The Society has been a partner in ministry. When I send someone to the Society, I know they are going to a place where they will get compassionate care as well as financial care."

NMCRS Portsmouth director Sarah Stewart presented each volunteer with a gold coin, engraved with the volunteer's name

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Sewells Dental Clinic wins Customer Service Award

Story and photo by HN Charles Hollingsworth

Patient & Guest Relations Director, Cmdr. Richelle Kay, awarded Sewell's Point Dental Clinic the 2005 Best Practices Award in Customer Service May 1 at Sewell's Point Branch Medical Clinic.

"[Sewell's Point] created an atmosphere that is patient focused...while performing and sustaining best business practices," said Kay.

Naval Medical Center Portsmouth Commander, Rear Adm. Thomas Cullison, hosted the award ceremony and gave remarks praising the clinic for its achievements in exceeding levels of patient satisfaction and other areas.

"Our mission is to provide the best dental care possible to our active duty Sailors and Marines," said Clinic Deputy OIC, Capt. Howard H. Anderson. "We're especially proud of the fact we sent 69 ships out of here above 95 percent readiness and 31 ships at 100 percent readiness consecutively since 9-11."

Anderson said the goal of meeting deployment requirements to provide crews with a high level of dental readiness is his top priority.



(Left to right) Gary Gammon, HM2(FMF) Michael Windholz and NMCP Commander Rear Adm. Thomas Cullison hold the banner for the 2005 Best Practices Award for Customer Service award.

Sleep Research Could Help Medical Workers

Continued from front page

work. Subs present more problems because there is nothing for workers to do with the extra non-work time."

Duplessis says those results also say something about the tried and true six-on, 12-off schedule. "It really is a very intelligent schedule. It works; that's why they came up with it." But that doesn't mean it is perfect.

Even though that particular study proved unsuccessful, Duplessis says it is still a step in the right direction. "It was good that the community was receptive and that it is possible to look into changes. Now that there is more

physiological data, it has opened more eyes. (People) are recognizing that and seeing if we can come up with something better."

The Navy is more open to changes that can increase productivity and lead to better health. Duplessis points out how Great Lakes Recruit Training Command changed their philosophy a couple of years ago to allow more sleep for recruits. "That is one of the reasons I entered the contest...to (spread) the knowledge. There's more publicity on it now than ever. Data has shown those recruits had

improved test scores and better performance."

The studies continue. Duplessis currently has colleagues experimenting with another schedule. Workers are on duty for eight hours, then off for 16. The goal is still the same for Duplessis, "We have recognized that with people on a rotating schedule, including doctors and nurses...it wreaks havoc on them physiologically. Our biggest hope is to get more literature out there on how to adopt a fixed schedule and the health benefits accrued from that. You hope it can do some good down the line."

BEQ wins Commander's First and Finest

Photo by JO1 Eric Deatherage



NMCP Commander Rear Adm. Thomas Cullison presents the First and Finest Award to CSC Leticia Smith of the Bachelor Housing Team.

The Bachelor Housing Team won the NMCP Commander's First and Finest Team award for the 1st Quarter of 2006.

The team made several process improvements for bachelor housing residents. Without readily available funds, BEQ staff took on a self-help project with donated televisions, VCRs and furniture from other barracks in the area. TV/VCRs were placed in 366 rooms. Furniture was replaced in 80 rooms. The project saved the command \$225,000 and greatly improved quality of life for residents.

The team also submitted an Equipment Review Package, which resulted in \$480,000 worth of furniture for 210 additional rooms.

Bachelor Housing was also involved in a \$264,000 renovation project. They cleaned, painted and assisted with the replacement of carpet in 120 residential rooms damaged by a facilities climate control issue. The self-help painting project saved NMCP \$22,000 and was finished 30 days ahead of schedule. That saved more expenses by eliminating the need to berth residents in town.

SimCenter to Increase Training Capabilities

Story by HM3 Catalina Mark

NMCP now has a Simulation Center available for training purposes. With computerized life-like mannequins, the SimCenter is on the cutting edge of state-of-the-art technology.

Instructors can design scenarios that come to life through the SimMan software, then monitor their trainees' knowledge and skills with the use of audio and visual technology. The center has two life-size mannequins, one adult and one infant, each with Simulated Patient Monitors. There are two realistic exam rooms and an education-

enhancing conference room.

The SimCenter soon will be equipped with a Laparoscopic Simulator, a revolutionary 2-D visuals to 3-D virtual reality concept. This will enable hands-on practice of complete laparoscopic procedures for one trainee or an entire team at any given time.

The center also has the audio and visual technology to record all training evolutions on to CD or VHS with the use of 12 cameras and five microphones located throughout the training spaces. Prepared for the 21st

century, this training arena offers an enjoyable and fulfilling environment while expanding the physiological and medical knowledge for our staff.

Be among the first to explore what the NMCP SimCenter has to offer and be a part of the growing advances in Navy Health Care Training technology. Contact the Simulation Center Corpsman, HM3 Mark, at 953-5215 / 5839 or email at cmmark@mar.med.navy.mil or pemmarshall@mar.med.navy.mil.

Sailors of 22nd MEU Welcomed Home

Photos courtesy of Peggy Simmer, NMCP Command Ombudsman

17 NMCP Sailors assigned to the 22nd Marine Expeditionary Unit returned from a six-month deployment in Iraq to a homecoming ceremony at NMCP May 5.

The unit was attached to the MEU Service Support Group, one of four basic elements that compose the MEU. The Navy provides medical and dental assistance support to the Marine Service Support Group.



Five Smart Steps to Safer Drinking

By HM1 Eduardo Ortiz, Command DAPA

We hear a lot about the problems caused by drinking and it's true that drinking sometimes is dangerous.

If you drink, use these 5 steps to help you make a drinking plan and stick with it.

1. Make Choices
2. Learn about alcohol
3. Know your limits
4. Have a plan
5. Watch for problems

Make choices. Safer drinking means making choices. It takes thinking and planning. Here are some suggestions to keep in mind:

- Decide how you're going to drink before you are in a drinking situation. A single drink can lower your judgment.
- Make a choice each time you drink. Just because you drink in one setting doesn't mean you have to drink in every situation.
- It's not all or nothing. You can drink a beer and switch to soda or vice versa.
- Talk with friends about your choice. Support each other's decisions.

Learn about alcohol. Decide how much you can drink in a set amount of time. This will depend on many things. Serving size matters. Some people think they can have more beers than other kinds of drinks because beer has less alcohol. But this is false. The total amount of alcohol in a serving is what counts. Each of the following contains the same amount of alcohol:

- A 12 ounce can of beer
- A 4 ounce glass of wine
- A 10 ounce wine cooler
- A shot (1 ounce) of hard liquor (straight or in a mixed drink)

Your body size affects how fast your body "burns up" alcohol. You will have your own personal rate. On average, a 150-pound man can safely have one drink per hour. A 150-pound woman will need to drink a little more slowly than that. Women have more body fat and burn up alcohol more slowly than men.

Know your limits. You may react differently to alcohol than your friends. You may react differently

one time than you do another. Many things can affect your reaction. As a general rule, drinking will affect you more quickly:

- The less you weigh
- If you have eaten little or no food
- If you are tired
- If you have been ill
- If you are taking prescription medicine or any other drug (combining drugs can be very dangerous!)

Have a plan. Once you know how much alcohol you can drink in a set amount of time, make a plan every time you decide to drink. Here are some guidelines:

- Drink slowly. Don't gulp your drink down.
- Allow time between drinks.
- Eat food before you drink. Eat with your drink.
- Drink water, soda, or juice between alcoholic drinks.
- Stop when you've reached your limit.
- Don't mix drinking and driving.
- Plan how you will get home.

Only time removes alcohol from your system. You can't sober up with coffee, fresh air or a shower.

Watch for problems. Alcoholism is a disease that makes the body unable to process alcohol in a healthy way. Some people can't use alcohol moderately. You may need help if:

- Drinking is more important than being with friends.
- You gulp alcohol and keep drinking more and more.
- There's a big change in your behavior after only a little alcohol.
- You want to drink often or all the time.
- You find yourself sneaking drinks or hiding your drinking.
- You sometimes drink more than you plan to.
- You've done things while drinking that you're sorry about later.

Many people can help. Doctors, counselors, and religious leaders are some people to talk to. Contact HM1 Ortiz (DAPA) 953-7437, if you think you have a drinking problem.

The Courier Chapline

Moans, Groans and Better Health Care

By Lt.Cmdr. Jack Galle, Chaplain, Pastoral Care

Once you take the leap from resident to staff physician, do you stop complaining? I have wondered at times if *the good life* for a staff physician is uninterrupted by change. Nurses and corpsmen seem bombarded with change, sometimes too much too quickly. There has been some groaning and moaning in the pastoral care department as well.

In an effort to better communicate with the health care teams, the pastoral care department in BUMED has adopted a new model of pastoral care, referred to as "The Discipline of Pastoral Care." Change is certain and certainly difficult. For chaplains and religious program specialists, this change was accompanied by homework: read a book, write verbatims, a personal reflection, and a book report to start the journey. Art Lucas, who co-authored the book upon which the model is framed, made two visits to Portsmouth this spring, a visit to San Diego and answered countless e-mails

about this clinical model. This was first developed at Barnes-Jewish Hospital at Washington University Medical Center in St. Louis, Mo. BJH is a Quaternary Care, Level I Trauma Center, with an average daily patient census of 780.

A one-sentence description of what we are doing is this: to know the patient well enough to develop desired outcomes, a plan of action and then measure how we are doing.

Why are we doing all this? For some time, we have placed chaplains not by their religious denomination, but by clinical settings. For instance, we don't have a Brethren hospital chaplain, but we are assigned to the ICU/SDU and to the Emergency Department and other clinical areas. This allows us to develop our clinical competencies. We would rather develop depth in a clinical area, than be *one mile wide and one inch deep*.

We are also doing this because patients come to our center with needs, hopes and resources that all of us must understand. Not all the needs of our patients are physical. Just take a look at the people who come into our Emergency Department over a major holiday and you will see not all their needs are physical. If they didn't have hope, they would simply stay at home (which is much

more comfortable) and suffer. What does the patient bring to the healing equation?

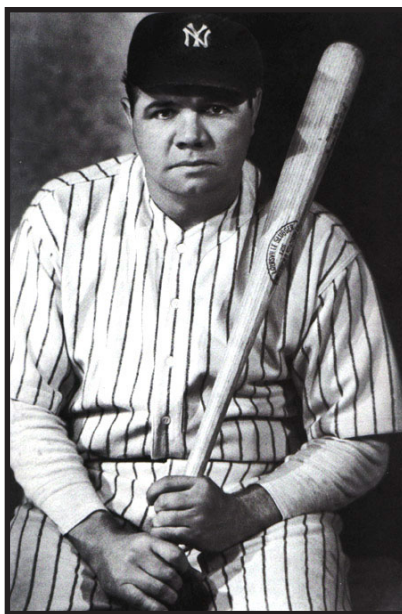
When chaplains enter a patient's room, we do our own assessment: what's important to them, do they have any special faith requirements, are there themes in their story, do they look forward to anything, and then we chart our findings in a language the entire health care team can understand. Physicians can then include this as an integral part of the patient's treatment plan.

First and Finest can ring hollow unless we are pushing the boundaries of our clinical specialties

for our patient's good, and not for personal recognition. When a nurse or physician reads my progress note, I want them to say, "I didn't realize that about Ms. Jones. That may explain why she seems non-compliant. We need to address this."

Granted, not all our entries will provide an insight about which no one else knows. Many of the entries by interns and residents are similar, differing only by legibility. However, each chart entry is important and *may* have new information about the patient, regardless whether some of it is repetitious.

Babe Ruth hit a fair number of home runs, but he also was known for striking out. However, no one can question whether the Yankees were a better team with The Babe. NMCP chaplains are charting in a common language, with a view towards outcomes that reflects the totality of the patient, so the health care team hits its ball *out of the park*.



NMCP's Engle Selected to Master Chief

Story and photo by HN Charles Hollingsworth

HMCM(SW/AW) Joseph E. Engle, Clinical Support Services Senior Enlisted Leader, was pinned a Master Chief Petty Officer in a ceremony April 21.

"I am ecstatic... to have the opportunity to serve for 30 years," said Engle of one of the best benefits of being selected a Navy Master Chief. "I was humbled to be selected because of the quality of the other Senior Chiefs I was competing with."

Engle credits his father as his primary influence for joining the Navy, and his family for their support. "None of this would have been possible without the support of my wife Shane and our son Bobby."

Engle has been stationed at Naval Medical Center Portsmouth since April 2003. He has served in the Navy for 20 years.

HMCM(SW/AW) Joseph Engle was pinned by his wife Shane (left), CMDCM Dan Whiting and brother Mark Engle (blue shirt behind Whiting).



Volunteers Honored at NMCRS

Continued from page 5

and total number of hours he or she has contributed to the society. Portsmouth's volunteers have donated more than 20,000 hours over their many years. Stewart remarked, "I am extremely blessed by our team of volunteers. They are truly the backbone of our society."

Two of the outstanding volunteers, Yvonne Potts and Barbara Dupuy, received additional recognition. Potts received the

Superior Performance medal for her efforts as the chairman for both the "Budget for Baby" program and the "Layette Program", which provide valuable services to new and expecting parents.

Dupuy received the Meritorious Service medal, the highest honor the society can bestow upon a volunteer. These two women have given over 9,000 hours of service spanning more than 20 years. When asked why she has

given so much of her time and effort to NMCRS, Dupuy said simply, "I like the people I work with and I like what the society does for Sailors and Marines."

NMCRS is able to operate only because people freely give their time and talents every day. If you have volunteered in the past or are considering adding volunteering to your life, don't wait. Call the Portsmouth office today at 953-5697.

Bravo Zulu!!!

Navy Achievement Medal

MA2(AW) Jermaine P. Glover
HM1(FMF) Fred D. Allen
HM3 Elizabeth M. Riddle

Navy Commendation Medal

HM1 William R. Montague
Lt. j.g. Riley L. Williams, Jr.
HM1(SW/AW) Steven J. Maier
Lt. Cmdr. Mary R. Walker
Lt. Cmdr. Timothy J. Janning

Letter of Commendation

HM2 Jonathan C. Matthews
HM1(FMF) Eric J. Green
CIV Adrian D. Hicks
CIV James A. McClain
HM2 Ressureccion L. Esperanza
CIV Linda L. Jenkins
HM3 Arwen G. Harper
CIV Ruth E. Ross
ET1(SW/AW) Kirk Minckler
ET1(SW/AW) Farhad Notghi

Certificate of Appreciation

Lt. Phyllis Walls

Letter of Appreciation

Lt. Col. Chester Buckenmaier III
HM3 Elizabeth M. Riddle
HN Javon D. Chisley
HM3 Gwendolyn R. Collver
HN Sarena P. Augustine
HN Efren L. Sollegue (2)
HM3 Luz T. Baez
HM2 Jacob G. Hasty
HM2 Vilma G. Bauer

HM3 Moses Ajoku
HM1 Janet S. Ramos
HM1(SW) Jennifer M. Culver
HM3 Lina P. MacPartland (2)
HN Stefan A. King
PS3 Ariella R. Corridon
YN1(SW) Jennifer R. Durkin
PS3 Joanna James
HM3 Lonetta M. Odom
CS2 Tyrone L. Costa (2)
CS2 Robert L. Thomas
HM1 Dorenda M. Smith
HM2 Stanislass L. Augustin
HM2 Curtis E. Jervier
HM1 Emanuel M. Waddell (2)
HM2 Japonica L. Perkins
HN Rafael S. Collins
HM3 Tammy R. Sisco
HM2 Misty M. Racquer
HM3 Brittany K. Davis
CSSA Nick C. Lafemina
CSSN Michael W. Voshefsky
CS2(SW) Atinuke R. Ajidele
CS1(SW) Christopher E. Aragon
CSSA Cedric Preval
CSSN Michael A. Williams-
Johnson

CS2 Alvin Hamilton
CSSN Elraheem I. Nesmith
CSSN Brent E. Encalade
CS2 Carlos Ortiz
CS2 Veronica E. Pierre-Charles
CS2 Renee L. Benoit
CSSN Angenis E. Morales
CSSN John M. Hammock
CS1(SW) Chauncey K. Matye
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HM3 Larrissia D. Davis
HM3 Lanethia C. Lofton
HN Charity L. Sibal
HM2 Japonica L. Perkins
HM3 Y'eisha R. Hopkins
HM3(SW) Ingrid A. Beckford
HM1 Melissa R. Leonard
SH2 Tyree L. Brundage
HM3 Jatiela M. Moore
HM3 Marilyn J. Gabbard
HM2 Vilma G. Bauer
HM1 Janet S. Ramos
HMCM(SW) Joseph E. Engle
EN1 Jeffrey L. Russell
HM2 Thomas L. Terry
HM2 Gentry D. Lloyd
HM3 Orville N. Duncan
HM2 Chistine B. Quito
HM3 Elizabeth S. Alcanciado
HM2(SW) Christina A. Gillespie
Customer Service Team
Neurosurgery and Neurosurgical
Operating Room Team
Labor and Delivery Unit Team

Naval Meritorious Civilian Service Medal

CIV Deborah A. Harbour
CIV Mark A. Gellasch
CIV David L. Craft

Meritorious Service Medal

Cmdr. Kathryn A. Ballantyne